

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 101595,928	FILING DATE 5-19-06
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2		1		1				
3		2		1				
4		0		1				
5		0		1				
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TOTAL DEP.	17	←	16	←		←		
TOTAL CLAIMS	18		17					
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TOTAL CLAIMS								